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| Project Title |  |

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| Investigators |  |

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| Sponsor(s) |  |

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| Name of Study Subject |  |

**DESCRIPTION:** I am currently participating in the above named research study. I am being asked to sign this addendum to the original informed consent because *[insert reason here­ including a statement of significant new findings, or additional procedures, potential risks and additional cost/payment]*

All other information provided in the original consent I previously signed will apply to this addendum.

**VOLUNTARY CONSENT:** I certify that I have read the preceding or it has been read to me and that I understand its contents. If I have any questions pertaining to the research or my rights as a research subject, I may contact the investigators whose names, phone number(s) are listed at the beginning of this addendum. A copy of this form will be given to me. My signature below means that I have freely agreed to continue my participation in this research study.

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| --- | --- | --- | --- |
| Signature of Participant |  | Date |  |

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| Signature of Witness |  | Date |  |

**INVESTIGATORS STATEMENT:** I certify that I have explained to the above individual the nature and purpose of the study, the potential benefits and possible risks associated with continued participation in this research study. I have answered any questions that have been raised and have witnessed the above signature. I have explained the above to the volunteer on the date stated on this addendum.

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| Signature of Investigator |  | Date |  |